

United States Department of the Interior

NATIONAL PARK SERVICE
Cape Cod National Seashore
99 Marconi Site Road
Wellfleet, MA 02667
508.255.3421
508.240.3291 Fax

NEED PROGRAM APPLICATION

Name of Group: _____

Contact Person: _____

Address: _____

Phone Number(s): _____
Fax Number _____

Approximate number of individuals in the group including chaperones: _____

Age/or grade of individuals: _____

Please list at least three optional dates for proposed participation in order of preference. Fees are determined on a nightly rate. List only the dates your group is proposing to stay overnight. Remember the NEED Program is a year-round facility. The more optional dates your group can propose, the more opportunity there will be to schedule your group.

*Please complete both sides of this form.

Please check all that apply:

- ☐ Academic Institution
- ☐ Cape Cod Organization
- ☐ Disabled Group
- ☐ Inner City Group
- ☐ Non-profit Organization

*** Please include a brief written proposal with your application.**

On your organization's letterhead, let us know how your participation in the NEED Program will help your group research, teach, or gain knowledge and understanding of the natural or cultural resources at Cape Cod National Seashore. Your proposal should:

1. Reference the curriculum your organization will study or list the objectives (science or cultural history based) your organization will achieve by participating in the NEED Program.
2. List activities that will incorporate Cape Cod National Seashore resources into the learning of your curriculum or organizational objectives.
3. List three or more pre-site and post-site activities your group has planned to complement your curriculum or learning objectives at the Cape Cod National Seashore.
4. Describe the background or experience that your staff or outside speakers have in presenting natural or cultural resource topics.
5. Inform us how you plan to evaluate the success of your program?